

2004 INDIVIDUAL DECLARATION OF ESTIMATED INCOME TAX



FOR OFFICIAL USE ONLY

FOR CALENDAR YEAR 2004 OR _____ MONTHS ENDING _____ 20____

A legally filed Declaration must be signed, dated and accompanied by payment. The safest and easiest way to declare is to estimate this year's taxes based on last year's taxable income. **Mail To: 805 Central Ave Suite 600 Cincinnati, OH 45202-5799**, on or before **APRIL 30, 2004**.

ACCT #

COMPLETE THE BLOCKS TO THE RIGHT *ONLY* IF THIS SPACE IS BLANK OR THE PREPRINTED INFORMATION IS INCORRECT.

YOUR SOCIAL SECURITY NUMBER

YOUR LAST NAME

SPOUSE'S LAST NAME

STREET ADDRESS

CITY

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR FIRST NAME

SPOUSE'S FIRST NAME

M.I.

M.I.

STATE

ZIP CODE

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

- ESTIMATED 2004 TAXABLE INCOME X 2.1% = ESTIMATED TAX...
- LESS ALLOWABLE CREDITS, IF ANY
 - CINCINNATI TAX TO BE WITHHELD BY YOUR EMPLOYER.....
 - INCOME TAX NOT OVER 2.1% PAYABLE TO ANOTHER CITY BY CINCINNATI RESIDENT.....
- BALANCE OF 2004 ESTIMATED TAX.....

The undersigned declares this to be a true, correct and complete declaration of estimated Cincinnati income tax for the year 2004.

SIGNATURE

DATE

- DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR 2003 RETURN.....

- BALANCE OF 2004 ESTIMATED TAX PAYMENT.....

- AMOUNT TO BE PAID WITH YOUR DECLARATION AT TIME OF FILING (1/4 of Line 3 minus Line 4).....

Please make checks payable to The City of Cincinnati

EXPLANATION OF NEW TAXPAYER OR OF CHANGE OF TAX STATUS

AT THE PRESENT TIME **DATE BEGAN**

BUSINESS LOCATION OR PLACE OF RESIDENCY _____

TYPE BUSINESS OR OCCUPATION, ETC. _____

EMPLOYER'S NAME _____

BUSINESS CONDUCTED OR WORK DONE IN (CITY) _____

DATES

PRIOR TO PRESENT TIME **FROM** **TO**

GENERAL INFORMATION & INSTRUCTIONS 2004 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 30, 2004
FILE DECLARATION
WITH 1/4 PAYMENT

JULY 31, 2004
MAKE 2ND QUARTERLY
PAYMENT

OCT. 31, 2004
MAKE 3RD QUARTERLY
PAYMENT

JAN. 31, 2005
MAKE 4TH QUARTERLY
PAYMENT

APRIL 15, 2005
FILE RETURN. PAY
ANY BALANCE DUE.

Within four months after beginning a new business or taking a new job, etc. everyone whose entire tax liability will not be withheld by an employer must file a Declaration. If filing your first Declaration, or if your tax status has changed during the past year, offer an appropriate additional explanation above or by attachment. Please notify the tax office promptly of any later changes. If your form is blank, or your name, address and account number have been preprinted and the information shown is *not* correct, please make necessary changes in the boxes above.

The three months prior to the Declaration due date should provide a reasonably accurate basis from which most taxpayers (wage earners in particular) can estimate the current year's income. An original estimate can and should be amended if subsequent events indicate it to be grossly in error. If impractical to base this year's estimate as suggested, refer to last year's actual taxable income as indicated on your return. An estimate based on an amount equal to or greater than the last full year's taxable income is insurance against any penalty on underestimating for Cincinnati purposes.

Make your own income and estimated tax entries on Lines 1 thru 3. If you overpaid last year's tax and requested transfer of same towards this year's estimated tax, enter the amount on Line 4. Then deduct it from Line 3 and enter the difference on Line 5.

Line 5 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration or in installments as indicated by the payment calendar. Enter on Line 6 the amount of remittance accompanying your Declaration— and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JULY 31, 2004***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **OCTOBER 31, 2004***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JANUARY 31, 2005***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____